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1. (4) PATENT

Anomey's Docket No P-3001.2/ITEC

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that.

TYPE OF DECLARATION

his declaration i	s of the following type: (check one applicable ttem below)
X original design	
NOTE:	if the declaration is for an international Application being filed as a divisional, continuation in continuation in part application do not check next tient; check appropriate one of last three tients.
national si	age of PCT
NOTE:	If one of the follow 3 stems apply, then complete and also asset ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
divisional continuation continuation	on on-m-pan (CIP)
	Inventorship identification
WARNING.	If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
first and sole inv	est office address and emzenship are as stated below next to my name, I believe I am the onginal, senter (if only one name is listed below) or an original, first and joint inventor (if plural names are the subject matter which is claimed and for which a patent is sought on the inventon entitled:
	TITLE OF INVENTION
APP	ARATUS AND METHOD OF MAKING CARBON FIBERS
	SPECIFICATION IDENTIFICATION
the specification (a) X is ana	of which (complete (a), (b) or (c))
	ed on asSerial No or and was and was
mutended on	(if applicable).

(Declaration and Fower of Attorney page 1 of 5)

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67					
(c) was described and ela	(c) was described and claimed in PCT International Application No filed on (if any).				
ACKNOWLEDGE	MENT OF REVIEW	OF PAPERS AND DU	TY OF CANDOR		
I hereby state that I have revi claims, as amended by any an		ents of the above identified spe	cification, including the		
i acknowledge the duty to di	sclose information				
X which is material to the Regulations. § 1.56.	e examination of this applicant	on in accordance with Title 37,	Code of Federal		
(a	also check the following nems	, if desired)			
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty there is anached an information disclosure statement 37 CFR 1.97.					
	PRIORITY	Y CLAIM			
patent or inventor's certificate the United States of America inventor's certificate or any P	or of any PCT memorional a listed below and have also ide CT international application(a)	red States Code, § 119 of any fipplication(s) designating at leasing the nutified below any foreign applications at least one countries a filing date before that of	st one country other than catton(s) for patent or try other than the United		
	(complete	(d) or (e))			
(d) no such application	ns have been filed.				
(e) such applications h	ave been filed as follows				
- -	entered above and the Internal em (e), enter the details below	tional Application which designed make the priority claim.	gnated the U.S. claimed		
A. PRIOR FOREIGN/PCT APPLICATION(S), IF ANY FILED WITBIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119					
COUNTRY	APPLICATION	DATE OF FILING	PRIORITY CLAIM		
	NUMBER	(day, month, year)	Under 35 USC 119		

(Declaration and Power of Attorney page 2 of 5)

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60 / 181,659	02-10-2000

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 17 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following anomay(s) and/or agent(s) to prosecute this application and transact all business in the Fatent and Trademark Office connected therewith. (List name and registration number)

E.J. Biskup	18,987	E.T. Jones	40,037
D.A. Burns	46,238	J.F. Learman	17,069
R.C. Collins	27,430	J.K. McCulloch	17,452
P.J. Ethington	17,299	J.F. Moran	20,941
J.C. Evans	20,124	S.L. Permut	28,388
R.L. Farris	25,122	M.J. Schmidt	43,904
W.H. Francis	25,335	W.J. Schramm	24,795
F.J. Fodale	20,824	R.L. Steams	36,937
W.H. Griffith	16,706	J.D. Stevens	35,691
A.M. Grove	39,697	W.J. Wangaman	20,304
R.W. Hoffmann	33.711	C.R. White	20,494

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Eric T. Jones Reising, Ethington, Barnes, Kisselle, Learman & McCulloch, P.C. P.O. Box 4390 Troy, MI 48099-4390 Eric T. Jones (248) 689-3500

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or buth, under Section 1901 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Given Name) (Middle Initial or Name) Family (or Last) Name are 2-7-200/ Country of Citizenship U.S.A. Estidence Flushing, Michigan 48433 OST Office Address 1382 Flushing Road Flushing, Michigan 48433 uill name of second joint inventor, if any Thomas A Herold (Given Name) (Middle Initial or Name) Family (or Last) Nor niventor's signature	-		Panter
ate 2-7-200/ Country of Citizenship U.S.A. csidence flushing, Michigan 48433 ost Office Address 1382 Flushing Road Flushing, Michigan 48433 uill name of second joint inventor, if any Thomas A Herold (Given Name) (Middle Initial or Name) Family (or Last) National Address Signature Out 2-B-200/ Country of Citizenship U.S.A desidence Flushing, Michigan 48433 ost Office Address 5417 North Seymour Road Flushing, Michigan 48433 Gull name of third joint inventor, if any		(Middle Imita) or Name)	
ost Office Address 1382 Flushing Road Flushing, Michigan 48433 uill name of second joint inventor, if any Thomas A Herold (Given Name) (Middle initial or Name) Family (or Last) Name inventor's signature Out 2-B-2001 Country of Citizenship U.S.A desidence Flushing, Michigan 48433 Post Office Address 3417 North Seymour Road Flushing, Michigan 48433	ntor's signature _	Monded I and	
Str Office Address 1382 Flushing Road	2-7-2	Country of Citizen	ship U.S.A.
Flushing, Michigan 48433 will name of second joint inventor, if any Thomas A Herold (Given Name) (Middle Initial or Name) Family (or Last) Name inventor's signature	dence <u>Flu</u>	thing, Michigan 48433	
Thomas A Herold (Given Name) (Middle Innual or Name) Family (or Last) Name overtor's signature Thomas A Herold (Given Name) (Middle Innual or Name) Family (or Last) Name of the Country of Country	Office Address _	1382 Flushing Road	
Thomas A Heroid (Given Name) (Middle Innual or Name) Family (or Last) Name inventor's signature	***	Flushing, Michigan 48433	
(Given Name) (Middle Inmal or Name) Family (or Last) Name ventor's signature	name of second j	aint inventor, if any	
(Given Name) (Middle Initial or Name) Family (or Last) National Authority's signature	Thomas	A	Herold
Country of Cinzenship U.S.A Lesidence Flushing, Michigan 48433 Cost Office Address 5417 North Seymour Road Flushing, Michigan 48433 Cull name of third joint inventor, if any	hven Name)	(Middle Initial or Name)	Family (or Last) Name
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ost Office Address 5417 North Seymour Road Flushing, Michigan 48433 ull name of third joint inventor, if any	2-8-	2001 Country of Citizen	iship U.S.A
Flushing, Michigan 48433 ull name of third joint inventor, if any	idence Fl	29hing, Michigan 48433	
ull name of third joint inventor, if any	Coffice Address _	5417 North Seymour Road	
	-	Flushing, Michigan 48433	
Given Name) (Middle Initial or Name) Family (or Last) N	name of third jo	nt inventor, if any	
	ven Name)	(Middle Initial or Name)	Family (or Last) Name
uventot,a ziBustnte	cator's signafure _		
Country of Cittzenship		Country of Cittzen	aship
Residence	.S		
ost Office Address			

(Declaration and Power of Attorney -- page 4 of 5)

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

-	Signature for fifth and subsequent joint inventors. Number of pages added
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incaparitated inventor. Number of pages added
~=	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	* * *
-	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application Number of pages added

	Authorization of attorney(s) to accept and follow instructions from representative.
	* * *
	If no further pages form a part of this Declaration then end this Declaration with this page and check the following item
	X This declaration ends with this page.

(Declaration and Power of Amoraey -- page 5 of 5)